

EXHIBIT 602.3

PLAINTIFFS' EXHIBITS 010276

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDS

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

3200844000492

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WATERSHED OR ALTERATIONS VS-1997 EDITION		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST, MIDDLE		2. LAST (FAMILY)			
DANIEL ELVIN MCCORNACK					
AKA ALSO KNOWN AS: (Indicate all AKA/PIRST, MIDDLE, LAST)		4. DATE OF BIRTH (Individually)		5. AGE IN YEARS	
		02/15/1963		45	
6. BIRTH STATE/FOREIGN COUNTRY		7. EVER IN U.S. ARMED FORCES?		8. MARITAL STATUS (At time of death)	
CA		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MARRIED	
9. EDUCATION - HIGH SCHOOL (Indicate all that apply)		10. SOCIAL SECURITY NUMBER		11. DATE OF DECEASED HISPANIC/LATIN/ASIAN/BLACK/WHITE (Individually)	
HS GRADUATE		555-51-7837		03/23/2008	
12. OCCUPATION - TYPE OF WORK FOR 1994 (Indicate all that apply)		13. PLANT MANAGER		14. PLACE OF DEATH (Individually)	
15. DECEASED'S RESIDENCE (City, State, Zip number or location)		16. PLANT MANAGER		17. PLANT OF DEATH (Individually)	
6255 PEACHY CANYON RD.				CHEMICAL MANUFACTURE	
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PASO ROBLES		SAN LUIS OBISPO		93446	
24. INFORMANT'S NAME, RELATIONSHIP		25. INFORMANT'S MAILING ADDRESS (Street and Number, City or town and state, zip)		26. STATE/FOREIGN COUNTRY	
KATHY MCCORNACK, WIFE		6255 PEACHY CANYON RD., PASO ROBLES, CA 93446		CA	
27. NAME OF SURVIVING SPOUSE - FIRST		28. MIDDLE		29. LAST (Middle Name)	
KATHY		MARIE		ESPARZA	
30. NAME OF FATHER - FIRST		31. MIDDLE		32. LAST (Middle Name)	
RALPH		MICHAEL		MCCORNACK	
33. NAME OF MOTHER - FIRST		34. MIDDLE		35. LAST (Middle Name)	
LINDA		EILEEN		HIRSCHLER	
36. DISPOSITION DATE (Individually)		37. PLACE OF FINAL DISPOSITION		38. BURIAL OR CREMATION	
03/28/2008		PASO ROBLES DISTRICT CEMETERY		BURIAL	
39. TYPE OF DISPOSITION		40. BURIAL OR CREMATION		41. DATE (Individually)	
BU		NOT EMBALMED		03/27/2008	
42. NAME OF FUNERAL ESTABLISHMENT		43. DECEASED'S SPECIALTY CODE		44. DATE OF DEATH (Individually)	
KUEHL-NICOLAY FUNERALS AND CREM		ED68		03/27/2008	
45. PLACE OF DEATH		46. DECEASED'S SPECIALTY CODE		47. DATE (Individually)	
CAMP SITE		ED68		03/27/2008	
48. COUNTY		49. FACILITY ADDRESS/CITY/LOCATION WHERE FOUND (Individually)		50. DEATH REPORTED TO CORONER	
SANTA CRUZ		4770 SITE 1 HIGHWAY 9		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
51. CAUSE OF DEATH		52. OTHER CAUSES OF DEATH (Individually)		53. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE <input checked="" type="checkbox"/> CARDIAC ARREST		54. DEATH REPORTED TO CORONER		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
(Preliminary cause of death resulting in death)		55. DEATH REPORTED TO CORONER		NAME AND NUMBER	
(1) VENTRICULAR ARRHYTHMIA		56. DEATH REPORTED TO CORONER		08-02790	
(2) ATRIAL FIBRILLATION		57. DEATH REPORTED TO CORONER		MINS	
(3) HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		58. DEATH REPORTED TO CORONER		MINS	
(4) EXOGENOUS OBESITY		59. DEATH REPORTED TO CORONER		YEARS	
60. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED AS THE UNDERLYING CAUSE (Individually)		61. DEATH REPORTED TO CORONER		YEARS	
NO		62. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		63. DEATH REPORTED TO CORONER	
64. WAS DECEASED INFECTED FOR ANY CONDITION IN 104-110? (Individually)		65. SIGNATURE AND TITLE OF CERTIFIER		66. DEATH REPORTED TO CORONER	
NO		67. DATE (Individually)		68. DEATH REPORTED TO CORONER	
69. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		69. DATE (Individually)		69. DEATH REPORTED TO CORONER	
70. DECEASED ATTENDED BY: <input type="checkbox"/> my doctor <input type="checkbox"/> my dentist <input type="checkbox"/> my optometrist		70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		70. DEATH REPORTED TO CORONER	
71. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		72. INJURED AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK		71. DEATH REPORTED TO CORONER	
73. PLACE OF INJURY (Individually)		72. INJURY DATE (Individually)		72. DEATH REPORTED TO CORONER	
74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		73. DATE (Individually)		73. DEATH REPORTED TO CORONER	
74. LOCATION OF INJURY (Street and number, location, and city and zip)		74. SIGNATURE OF CORONER/DEPUTY CORONER		74. DEATH REPORTED TO CORONER	
75. SIGNATURE OF CORONER/DEPUTY CORONER		75. DATE (Individually)		75. DEATH REPORTED TO CORONER	
NAOMI SILVA		03/27/2008		03/27/2008	
76. STATE REGISTRAR		77. DATE (Individually)		77. DATE (Individually)	
76. STATE REGISTRAR		03/27/2008		03/27/2008	
78. DATE ISSUED		APR 07 2008		APR 07 2008	
79. CERTIFIED COPY OF VITAL RECORDS					
STATE OF CALIFORNIA					
COUNTY OF SANTA CRUZ					
DATE ISSUED		APR 07 2008		APR 07 2008	
This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.					
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SANTA CRUZ, CALIFORNIA					
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EXHIBIT 3					

④ EXHIBIT 3
Deponent Mason
Date 10/1/1998 At AAH

Dependent Massen

Date 10/1/09 by ptr. RAH

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SANTA CRUZ, CALIFORNIA

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